

Navigation 1: *HIV, HBV Epi, Mgmt, ,and Prevention*



- 1. Work in Teams**
- 2. Consider Questions**
- 3. Capture Key Points**
- 4. Assess Differences,
Similarities**
- 5. Share and Post Findings**

Common Grounds - Epidemiology

- Sociodemographics: poverty, access to care, geography
- Vertical transmission: MTC
- No prenatal care
- High risk behaviors: IDUs, substance abuse; multiple partners, unprotected sex
- Unknown status
- Adherence to care after discharge
- Racial/ethnic disparities

UnCommon Grounds - Epidemiology

- Sociodemographics: immigrant/foreign born vs migrant/U.S. born; API vs. AA/Latino
- Horizontal transmission HBV
- Breastfeeding

Common Grounds - Surveillance

- Reporting – hospital, laboratory, physician
- Suboptimal reporting
- Prenatal screening (1st and 3rd trimesters)
- Limited data sharing
- Case management for + cases

UnCommon Grounds - Surveillance

- Magnitude of cases (HBV>HIV)
- Confidentiality restraints
- Timing, duration of case management

Common Grounds - Prevention

- Amenable to health education for women of childbearing age
- Routine prenatal testing
- Treatment at labor and delivery
- Amendable to provider education, training (hospital, clinician)
- Opportunity for partnerships with community to achieve common goals
- Media campaigns

UnCommon Grounds - Prevention

- Immunization available for HBV
- Rapid vs delayed testing, results
- Programs across the states, territories for HBV

Common Grounds - Policy

- Funding, funding, funding
- Cost effectiveness
- National guidelines and recommendations
- Hospital protocols, clinical pathways
- State laws for testing and reporting
- Hard to share data – confidentiality
- Opportunity for communication between hospital and pediatric providers for infants

UnCommon Grounds - Policy

- Jurisdictional coverage – state vs local, national vs state, territories
- Immigration restrictions
- Centralized vs decentralized funding